

FILED SEP 12 1941
Registration District No. **397**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
In this community **71 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4140 Oak** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Leona Schueszler**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John A Schueszler** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **Jan 6 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **7** If less than one day **1** hr. _____ min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Brown**
13. Birthplace **No record** (State or foreign country)
14. Maiden name **Deborah**
15. Birthplace **No record** (State or foreign country)

16. (a) Informant **John A. Schuegler**
(b) Address **4140 Oak**

17. (a) **Burial** (b) Date thereof **Aug 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph's Cem.**

18. (a) Signature of funeral director **W. M. Crown**
(b) Address **20 West Linwood**

19. (a) **8/16/41** (b) **W. M. Crown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **13**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
1 Coronary occlusion (myocardial infarction)
2 Intestinal obstruction (primary)
3 arteriosclerosis
Other conditions **Cirrhosis liver**
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: Of operations **absent**
Of autopsy **124B**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature **W. M. Crown** (M. D. or other) _____
Address **W. M. Crown** Date signed **8/16/41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision:

Signed..... *Harold Perry*

Licensed Embalmer No. *109A*

P. O. Address *K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.